



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2101

SERIAL NUMBER 09/990,045	FILING DATE 11/21/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. P-8967.00	
APPLICANTS Stephen D. Heinrich, Rochester, MN; Ward Brown, Lacrosse, WI;					
** CONTINUING DATA ***** This appln claims benefit of 60/252,811 11/22/2000					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/07/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 5
ADDRESS 27581					
TITLE Apparatus for detecting and treating ventricular arrhythmia					
FILING FEE RECEIVED 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



Commissioner for Patents
Washington, DC 20231
www.uspto.gov



CONFIRMATION NO. 2101

Bib Data Sheet

SERIAL NUMBER 09/990,045	FILING DATE 11/21/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. P-8967.00	
APPLICANTS Stephen D. Heinrich, Rochester, MN; Ward Brown, Lacrosse, WI;					
** CONTINUING DATA ***** This appln claims benefit of 60/252,811 11/22/2000					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/07/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 5
ADDRESS 28863					
TITLE Apparatus for detecting and treating ventricular arrhythmia					
FILING FEE RECEIVED 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Sib Data Sheet

CONFIRMATION NO. 2101

SERIAL NUMBER 09/990,045	FILING DATE 11/21/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. P-8967.00
------------------------------------	---	---------------------	-------------------------------	---

APPLICANTS

Stephen D. Heinrich, Rochester, MN;
Ward Brown, Lacrosse, WI;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/252,811 11/22/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 12/07/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Beth L. McMahon
Medtronic, Inc., MS 301
710 Medtronic Parkway
Mailstop LC340
Minneapolis, MN 55432

TITLE

Apparatus for detecting and treating ventricular arrhythmia

FILING FEE RECEIVED 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit